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A MODEL PROGRAM TO AVOID THE  
INSTITUTIONALIZATION OF CHILDREN

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ABSTRACT

The concept of "deinstitutionalization" has led to a great deal of concern being focused on moving children out of large institutions into community based programs. This paper proposes a model program that would seek to avoid the initial placement of the child and focus attention on working with the family as a total unit. The program would recognize the acting out child as symptomatic of a family system in crisis.

Social work's current concern with 'deinstitutionalization' has resulted in considerable attention being paid to the development of alternative treatment modalities for children to replace the larger institutional setting. Numerous programs have been established, having one element in common. They involve the removal of the child from the home setting and are rehabilitative in nature rather than preventative. "Deinstitutionalization" as defined by Koshel means "...reducing and emptying the population of residential institutions ...."<sup>1</sup> In assessing techniques for accomplishing this, Koshel suggests that

...one should realize that deinstitutionalization encompasses more than the simple removal of children from congregate institutions; it also diverts those children from the institutional path....(emphasis provided)<sup>2</sup>

When one considers the alternatives suggested to institutions (e.g. group homes, half way houses, agency operated boarding homes) then it is clear that all that is being advocated are other forms of institutionalization. Of concern here are two issues:

1. the physical separation of children from their natural families.
2. the lack of preventative measures that might have been taken to preclude the removal of children from their homes.

Too often, the child who is placed is merely symptomatic of a family in chaos. Robinson and Weiner have observed

...When a family comes to an agency for help with a child's problem, something has shaken the family equilibrium; the balance by which it operated has been disturbed. The family asks the agency to help reinforce the projection of responsibility onto one family member, for in this way the group can maintain itself as is...we consider the child's symptoms to be a cry for help for the entire family and we view the situation in the context of the whole family....<sup>3</sup>

The program to be suggested concentrates on that aspect of deinstitutionalization which seeks to alleviate those conditions making it necessary for the removal of the child from the home. Such a program will allow for the necessary treatment to take place within the total family environment. Wolfensberge, writing on the concept of deinstitutionalization, proposed the following definition:

...Utilization of means, which are as culturally normative as possible, in order to establish and/or maintain behaviors and characteristics which are as culturally normative as possible....<sup>4</sup>

It is suggested here that keeping a child in his home setting is 'culturally normative.'

#### Governing Principles Underlying the Proposed Program

It is the premise of this paper that many of the problems created by the inappropriate placement of children in institutions would be eliminated if we initially dealt with the entire family system. Harriet Goldstein, writing of her experience with the Association for Jewish Children in Philadelphia, notes that

...over the years, our experience with...children and families...convinced us that foster placement can be avoided in many instances, provided certain changes were made in the concepts and modes of treatment used with families....<sup>5</sup>

Any program concerned with families in crisis must make an assessment of both the physical and emotional needs to be addressed. Then, a plan must be developed which allows for the provision of both direct services and counseling as indicated by that particular case. Problems calling for direct services (e.g. day care, job training, etc.) must be given as much priority as the offering of counseling services.

For example, in a particular family, the father may be extremely depressed because he is out of work. A contributing factor may be the father's inability to deal with superiors and take orders. As the father remains out of work, the following may occur:

- increasing feelings of inferiority and depression with an awakening of unresolved conflicts with past authority figures
- loss of status in the eyes of his children leading to greater feelings of depression which may manifest themselves in the father physically and emotionally abusing the children
- the children acting out in the community as an act of defiance against their father.

While any treatment plan will include the provision of counseling services, it is equally important that the father be helped in finding a job. Counseling services will appropriately concentrate on helping the father to deal with his problems around authority as it relates to his ability to hold a job. However, it is suggested that it will be easier to deal with this as an issue when the positive condition of an employed wage earning individual is established. This provision of direct services is one that has to be given more consideration because of social workers' tendencies to view themselves as providers of 'psycho-therapy' and not as 'social service providers.' In their article on The Threat or Challenge of Accountability, Rosenberg and Brody note that

...In a...study by Schneiderman (1974) clients were asked what critical event in their lives led to their decision to apply for help from a public agency. The findings indicated that the decision was most often precipitated by factors related to employment or such problems as health, housing and the need for legal aid. The most relevant services were in response to concrete problems rather than intra-psychic or interpersonal worries. For most agencies, however, counseling services seemed to have highest priority, regardless of the clients' requests....<sup>6</sup>

A second issue for consideration is the question of where and when services will be provided. The factors that determine these conditions should not be based solely on workers' needs and convenience. The use of the terms 'resistance' and 'negative transference' are often used to describe parents who are reluctant to travel great distances at inconvenient hours to meet with workers. Any

program seeking to work with families must plan for flexibility in terms of where one meets with the family (e.g. home, church, office, etc.) and the times of such meetings. Of equal importance will be for the team working with the family to have a thorough knowledge and understanding of the cultural mores of the client. The workers must be prepared to meet the client and relate to the client's culture and not their own. This has been made quite clear during the last several years especially in the area of 'child abuse' and the contrast that may exist at times between the legal and cultural definitions. Schubert has observed that:

...Difficulties range from a simple misunderstanding of the words being used to a total mutual distrust. Worker and client may have a different vocabulary, they may ascribe different meanings to words that they both use, they may govern their lives by different values and convictions, they may have different ideas about the nature of love and hate and courage and cowardice, and they may have an entirely different view of family, school, church, employment or government....<sup>7</sup>

Recognition of the above by members of the team is essential if any form of meaningful communication and dialogue is to take place.

A final principle that will be built into this program will be a commitment to focus on the strengths that are present in the family system. As Goldstein has noted, it is necessary to

...place our treatment emphasis on the strengths that do exist in children<sub>g</sub> and families focusing on what each family member can do....

The fact that the family is there, must be interpreted as a positive factor. The commitment of the professional team must be to drawing on the existing strength and the desire of the family to deal with the problems at hand.

#### Program Model

The program as envisioned will serve specific geographic catchment areas. Referrals will be made by Departments of Social Services and other public and private agencies serving the catchment area in which the program is located. The program will offer services in the following areas:

1. job counseling, training and placement
2. home making services
3. educational counseling and placement
4. day care
5. social work counseling
6. psychological testing and evaluation

Participation in the program will be on a voluntary basis and admission based on a family's initial willingness to commit itself to the process of exploring the entire family system in an effort to develop a total treatment plan. Even if the services ultimately provided are concentrated more on individual family members, it would be recognized that the problems created by the need for that service had impacted on the total family system. Also, it is suggested that as one begins to explore the problems that are presented, more often than not, it becomes apparent to all involved that there are other significant issues relating to other family members that are contributing to the present problem.

Intake will be done by a social worker assigned to the program. Meeting with the family, the worker will identify those areas in which work is needed. At this point, professionals representing those services will be drawn together as a team to work with the family in terms of identifying a total treatment plan. These professionals will either be staff members of the project or, as an alternative, the project will identify agencies in the community already providing necessary services and act as the liaison or monitoring agent. The former or latter approach will be utilized based on specific conditions existing in any given catchment area as to funding, service accessibility, etc.

#### Planning, Assessment and Evaluation of Services Offered

It is here that a goal attainment model of program planning and assessment will be utilized. Such a procedure will be implemented by the team which includes the total family involved. The family's involvement in planning and assessment is of paramount importance. Cline and others have observed that:

...When the patient participates in defining problem areas and in documenting the continuum of possibilities for change, he also derives therapeutic benefit. Goal attainment scaling helps him sort out problem areas in specific terms and, furthermore, is a basis on which a therapeutic contract can be made...When the primary tasks of treatment are clearly established...(it)...  
is less likely to become directionless and meaningless....<sup>9</sup>

The concept of goal attainment scaling is one that needs clarification. For the purposes of this program, we are referring to a method through which

...highly individualized (and family) goals are set for each client. For each goal that is specified, a scale is constructed which specifies a continuum of... possible treatment outcomes. These outcomes range from 'most unfavorable treatment outcome thought likely' to 'best anticipated treatment success.' A given client has at least one goal and most clients have several goals, each of which is scaled. For each goal, the... scale levels of possible treatment outcome are described in such a way as to be clear and precise and as objectively observable as possible....<sup>10</sup>

The issue of goal outcomes being 'as objectively observable as possible' is most crucial. The advantage of such a procedure is that each member of the team (including the family) has a clear understanding of what the expected goals are and may measure progress made towards its attainment.

With this in mind, goals will be developed with the family and set down on paper so that at a later date, the entire team will be able to evaluate the progress made towards these goals. This is not a rigid procedure and allows for the redefining of goals based on unanticipated events. The recognition of goals is something that must be done by those members of the team involved in working on that specific goal.

General goals (such as the father obtaining a job) might be broken down into several subgoals. For example, there may be several steps that have to be accomplished before the father may actually be able to work again. These could be:

1. vocational evaluation
2. job training
3. job placement

Referring back to the issue of the father who has trouble with authoritarian figures, this might be included as part of the material that has to be dealt with in 'job training.' However, here it may be seen as related to a concrete service.

Each of the subgoals noted above will be developed in terms of steps necessary for accomplishment. For example, as regards vocational evaluation, there might be three steps:

1. vocational testing
2. vocational assessment
3. decisions as to vocational choice

Dates will be assigned to each of these steps which stipulate a time period by which it was hoped that this goal would be completed.

#### Potential Problems in Implementation

There are several problems that may manifest themselves in the implementation of this program. Earlier, reference was made to the belief that the child who is presented as a problem is only symptomatic of a family system that is in distress. The major reason for referral to this program will be the recommendation made by the referring agency that placement of the child may be avoided if the problems confronting the family system are resolved. However, even when the family agrees to come into the program, it is expected that there will be initial resistance to developing a treatment plan that places responsibility with the family system. Karsen and Talley have observed:

...Resistance...is the family unit's method of maintaining equilibrium. However pathological that equilibrium, considerable energy may be invested in maintaining established family patterns. The family may prevent change by defending such patterns and by adamantly denying the existence of problems. The family may deny that their child's behavior, which has been so disturbing to the referring agency, has created any disturbance within the family system. Or parents may perceive their child's abnormal behavior as something beyond their control and ability to change in order to protect themselves from criticism and responsibility....<sup>11</sup>

It is here that the offering of concrete services may break through some of the initial resistance. The family's involvement in identifying these concrete needs and their role in developing a plan for reaching goals establishes an atmosphere of respect. The expectation that the family function as a member of the treatment team also creates a climate that indicates that the family will be 'worked with' and not 'worked on.' In addition, the identification of concrete services offers the family tangible evidence of what they may expect as a result of their involvement.

The professional team's reaction to involving the family in developing and evaluating treatment plans is an issue that will have to be addressed. The team will have to be very clear that



this is an intrinsic part of the treatment program. Initial work with each team prior to their meeting with the family may focus on the identification of anticipated problems in terms of the family's involvement and discussion as to how to avoid or deal with them.

A third potential problem is the question of who will act as the co-ordinator of services. This will depend largely on each individual agency that implements this project and the administrative structure that has been set up in that particular agency.

Finally, the question of cost is an important one. When one considers the amount of money involved in providing these services, it may seem rather high. This issue may be addressed from two different aspects. First, the cost of keeping a child in residential treatment is estimated to be in the neighborhood of \$18,000-\$20,000 a year exclusive of educational costs. In addition, David Fanshel, in the September issue of Child Welfare, reports that:

...(in New York)...recent...reports showed that for about 28,000 children...the mean length of time in care for the total group has been about 5.2 years....<sup>12</sup>

Whether this stay be in a foster home, group home or residential center, it does represent a significant outlay of funds. It may ultimately be shown to be cost efficient to spend more money initially in the implementation of the suggested program. Of as great significance is the moral issue involved in the removal of children from their homes. Certainly there is enough question as to the appropriateness of this technique to allow for the implementation of other programs which attempt to keep the family unit together.

#### Summary

What has been offered is a model for avoiding the unnecessary institutionalization of children. Blance Bernstein, in the study done for the New York State Board of Social Welfare (1975), noted that:

...it is the problems of parents rather than the problems of the children which causes the vast majority of foster placements - almost 80%....<sup>13</sup>

It has been suggested that any problems that exist within a family system impact on all of its members leading to a cyclical progression of increasing difficulties. Such a program as has been recommended may be able to deal with these system problems and accomplish the greater aim of deinstitutionalization--that is--preventing the child from ever having to leave the home.

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in population, were the disorganizing and dehumanizing elements of urban life, epitomized by the city slum. Particularly vulnerable to the astrology of the city slums were the children who were described as "intelligent dwarfs"...physical and moral wrecks whose characters were predominantly shaped by their physical surroundings" (Platt, 1969:40). The assumption that a child in such an environment would be strongly tempted to enter a life of crime seemed a foregone conclusion. Constant editorializing by the newspapers strengthened the credibility of the relationship between delinquency and the slums. Thus, the increased number of indigent children in the city streets, in particular, the activities of local gangs, posed alarming problems in terms of maintaining social control. Already overburdened city administrations could not respond to the urgent public cry to do something. Maintenance of social control, therefore, became the responsibility of private charitable associations. The leaders of these associations and the subsequent child saving movement were members of the middle class. This problem of social control, therefore was frequently defined in class terms and middle-class reformers interested in child welfare issued class rhetoric as part of their strategy to introduce new programs. Charles Loring Brace, for example, felt his "responsibility to God for...this great multitude of unhappy, deserted and degraded boys and girls" (Brace, 1894, p.3). Brace, however, also considered the threat the children of the poor lower classes posed to the order of middle-class society. "The immense vat of misery and crime and filth in New York challenges one to think of ten thousand children growing up almost sure to be prostitutes and rogues" (1893, 82). Based upon this interpretation of linking urbanization and delinquency he recommended the "placing out" of children in the west, for not only saving these lower class children but also of controlling the dangerous classes. By 1884, the network of Children's Aid Societies claimed the "placing out" of over 60,000 children (Hawes, 1971:102).

We can now consider the case of Mary Ellen. The literature (Kaudushin, 1967; Radbill, 1965; Bremner, 1971; Thomas, 1972; Fontana, 1973) records the sensationalized case of Mary Ellen and subsequent formation of the Society for the Prevention of Cruelty to Children as the origin of Child Protective Services. According to these reports, the plight of Mary Ellen had been discovered by Ellen Wheeler "who had been on an errand of mercy to a dying woman in the house adjoining, the latter asserting that she could not die happy until she had made the child's treatment known" (Bremner, 1971:186). As the trial of the little girl's foster mother revealed, Mary Ellen was

whipped almost every day until her body was now severely bruised; she was extremely undernourished and usually confined to her bedroom, sometimes chained to the bedpost. Ms. Wheeler's efforts to arouse action by the authorities proved futile since legally they were not empowered to supersede the sacred right of the parents to discipline their child as they deemed fit. As a last recourse, Ellen Wheeler appealed to Henry Bergh of the Society for the Prevention of Cruelty to Animals. With the legal assistance of Elbridge T. Gerry, he initiated court action to have the child removed on the grounds that she was a member of the animal kingdom and therefore entitled to the humane treatment accorded other animals. The case generated public outrage that active concern for the humane treatment of animals antedated that of children. Thus, in 1875, the first Society for the prevention of Cruelty to Children, the forerunner of Child Protective Services, was established in New York. Fraser, like others, regards the case as signalling:

(a) that children do have a right of not being cruelly and inhumanely treated; (b) the advent of and impetus for a number of privately funded charities whose task it was to protect children; and (c) the beginning of an era that would see every state adopt neglect statutes to protect children (1976a: 324-325).

In addition to this, however, when one examines some of the facts of the case, rather than its appealing "mythical" version, the negligence of the state's child saving practices is pointedly exposed (Thomas, 1972: 308-309). As revealed in testimony at the trial, the Superintendent of Charities and Correction had indentured the abandoned child to Thomas and Mary McCormack (Bremner, 1971: 187-188). The placement was made on the basis of a single reference, the McCormack's family physician, and without the Department's knowledge that Mary Ellen was actually the illegitimate child of Thomas McCormack. The conditions of the indenture required that the McCormack's not only "instruct the child...that there is a God and what it is to lie" but that they also report on the child's condition yearly to the Superintendent's Office. According to testimony by the former Mary McCormack, now Mary Connolly, she had reported only twice in twelve years to the Superintendent who had about 500 children "passed through his department...(with) no recollection of (Mary Ellen) other than the records of his office record" (Thomas, 1972: 188). While Mary Connolly was sentenced to one year in the Penitentiary at hard labor, Mary Ellen was committed to an orphan asylum, "The Sheltering Arms," as the search for the little girl's grandparents continued. In spite of this insight, the court and